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GUEST EDITORIAL

Practice Guidelines and the National Comprehensive Cancer Network

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Guidelines for medical practice have acquired a remarkable cachet. Prior to 1990 they were "produced within increasing frequency in North America" [1], but since then have probably increased exponentially in number, purpose, and complexity.

Medical practice guidelines (a.k.a. "critical pathways," "clinical algorithms," "practice parameters," "cookbook medicine," etc.) are not new and have probably been nudging physicians and their patients (cf. the pediatric *Red Book*, Merck Manual, AMA practice parameters) for well over half a century. What is new is their process of development, the increasing formalization of their structure, and the boundless enthusiasm for creating them. Guidelines are nothing if not pluralistic: from the simplest voluntary efforts of small rural hospitals to the extravagantly funded Agency for Health Care Policy and Research, everybody's doing them.

Nor are they inexpensive. The American Society of Clinical Oncology committed $150,000 to developing its guidelines for the appropriate use of cytokines, and Aetna Insurance HMO budgets $2 million for the annual development of ~75 practice guidelines for a broad range of patient care subjects.

Any serious consideration of medical guidelines should be mindful of the Institute of Medicine's thoughtful 1992 review: "Guidelines for Clinical Practice: From Development to Use" [2]. In it the Institute of Medicine reaffirmed its 1990 definition of guidelines as "systematically developed statements to assist practitioner and patient decision about appropriate health care for specific clinical purposes." Furthermore, the major use of guidelines are listed as: "(1) assisting clinical decision making by patients and practitioners; (2) educating individuals or groups; (3) assessing and assuring the quality of care; (4) guiding allocation of resources for health care; and (5) reducing the risk of legal liability for negligent care."

Guidelines are sometimes perceived either as a product of managed care delivery systems or a rational response (survival tool) to them. In fact, they are both—and a great deal more—incorporating ambitious goals both to ensure quality care and simultaneously to reduce costs.

Enter a new and formidable player to the arena of guideline competition. The National Comprehensive Cancer Network (NCCN) has recently convened a national conference entitled "Practice Guidelines from Principles to Practice" devoted to the promulgation of guidelines for oncology care. The stated goals of the conference were ambitious and included not only guideline development but compliance, legal and ethical issues, payer expectations, and impact on research and validation.

The NCCN is an evolving network of a majority of the federally funded Comprehensive Cancer Centers created presumably to ensure the highest quality care for patients with cancer. Part of its mission is, assuredly, to ensure explicitly continued access of cancer patients to oncology specialists and to the centers themselves, and, implicitly, to defend the necessarily higher costs of providing care for patients with cancer within those centers (whose mission is equally dedicated to research and education). Another important NCCN goal is ensuring continued funding for clinical trials.

The development and promulgation of guidelines constitute an altogether natural and legitimate strategy of NCCN, and in so doing the Network clearly has staked out the high ground. These guidelines are evidence-based but compiled by a panel of experts whose initial formulation was modified by all the network participants before going to conference. They are disease-oriented, enjoy multidisciplinary input, and were created without regard to cost containment or with any HMO contribution or oversight. Furthermore they were formulated on a very modest budget. Some (including this author) might consider them a "gold standard" for practice management, and given the prestige and influence of the authoring institutions, a state-of-the-art benchmark for the larger oncology community to challenge, modify, or accept.

A more pragmatic assessment might be to consider these guidelines the opening national salvo in an attempt to rationalize oncology care and to stake out the claims of the major players. It is only natural to assume that these guidelines are intended less to dictate practice standards to physicians and patients (most of whom, I suspect, would embrace their essential corpus) than to influence policy, practice, and especially funding of and by managed care companies.

Development (and promulgation) of guidelines is probably the easy part. The difficult parts are implementation, evaluation, and modification with use. Therefore, it is reasonable to ask the NCCN some questions about its new offspring. Will the network uniformly impose these guidelines upon itself in a standardized usage format (if it has not already done so)? Will the network vigorously assess their impact on patient outcomes and modify them accordingly? Will it share the results of its outcomes analyses (including the identification of individual institutional outcomes) with the profession and public with the same enthusiasm it has shared its wisdom in the making of the guidelines? How will managed care companies respond to these guidelines? Lastly, will NCCN attempt cost benefit analyses addressing both survival and quality of life?

NCCN has offered these guidelines as "a work in progress," a prudent and modest characterization that invites one to anticipate an expanded and interactive effort. One can only applaud this undertaking and wish it well. The real test, however, is how well they work. Will they change patient care within those centers (whose mission is equally dedicated to research and education)? Will they change outcomes? Will they change costs? Will they change? When and how shall we know? Hopefully, the answers are yes $\times$ 4 and soon.

REFERENCES

1. Colloquium on Legal Issues Related to Clinical Practice Guidelines. Washington, D.C.: National Health Lawyers' Association, 1995.
2. Field MJ, Lohr KN (eds.): "Guidelines for Clinical Practice: From Development to Use. Institute of Medicine." Washington, D.C.: National Academy Press, 1992.